Recipient Committee					COVER PAGE
Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in	ink.	Date Stamp		FORM 460
(2010)11110111 2012 203(01)5 04200 04210.0)	Statement covers period from JANUARY 1, 2010	Date of election if applicable: (Month, Day, Year)		Page	For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>mme417, 2010</u>	June 8, 2010		33/	22/10 11:58 CL
1. Type of Recipient Committee: All Committees	- Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
✓ Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored (Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terr Amendment (Explain belo	mination)	Quarterly Sta Special Odd- Supplementa Statement - A	-Year Report
3. Committee Information	I.D. NUMBER 1304164	Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMIT		NAME OF TREASURER			
Committee to Elect Marvin Peixoto for City C	council 2010	Andrea Peixoto			
•		MAILING ADDRESS			<u> </u>
STREET ADDRESS (NO P.O. BOX)		26906 Halifax Place			
26906 Halifax Place		CITY	STATE	ZIP CODE	AREA CODE/PHONE
	P CODE AREA CODE/PHONE	Hayward NAME OF ASSISTANT TREASURE	CA CA	94542	510-538-2516
- · · · - · · - · · - · · - · · - · · - · · - · · - · · · - · · · - · · · - · · · - · · · - · · · - · · · · · - ·	1542 510-538-2516	Marvin Peixoto	r, ir ani		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR F		Mailing Address 26906 Halifax Place	<u></u>		
CITY STATE ZI	P CODE AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
		Hayward	CA	94542	510-538-2516
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	ss		
marvinpeixotoforcouncil@earthlink.net					
4. Verification					
I have used all reasonable diligence in preparing and revieunder penalty of perjury under the laws of the State of California (California) (Californ	fornia that the foregoing is true and correct. By	ludren Leixoto	asurer		e and complete. I certify
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State	e Measure Proponent		
Executed on	8y <u>—</u> ———	Signature of Controlling Officeholder Candidate State	Messure Proponent		

Recipient Committee Campaign Statement Cover Page — Part 2

COVERF	AGE-PART2
CALIFORNIA FORM	460
Page 2	of

of OFFICEHOLDER OR CANDIDATE vin Peixoto E SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) of Hayward City Council DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP 06 Halifax Place Hayward CA 94542 Itted Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive interest or make expenditures on behalf of your candidacy.		NAME OF BALLOT MEASURE BALLOT NO. OR LETTER Identify the controlling off NAME OF OFFICEHOLDER, CAN OFFICE SOUGHT OR HELD		or state measure	
of Hayward City Council DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Of Halifax Place Hayward CA 94542 Inted Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive included in make expenditures on behalf of your candidacy.		Identify the controlling off	ficeholder, candidate,	or state measure	OPPOSE
of Hayward City Council DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Of Halifax Place Hayward CA 94542 Inted Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive libutions or make expenditures on behalf of your candidacy.		Identify the controlling off	ficeholder, candidate,	or state measure	OPPOSE
DENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP Of Halifax Place Hayward CA 94542 Inted Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive included in this statement that are controlled by you or are primarily formed to receive included in this statement that are controlled by you or are primarily formed to receive includes or make expenditures on behalf of your candidacy.		NAME OF OFFICEHOLDER, CAN		or state measure	proponent, if any
ted Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive libutions or make expenditures on behalf of your candidacy.		NAME OF OFFICEHOLDER, CAN		Т	
ited Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive ibutions or make expenditures on behalf of your candidacy.		NAME OF OFFICEHOLDER, CAN		Т	
ited Committees Not Included in this Statement: List any committees included in this statement that are controlled by you or are primarily formed to receive ibutions or make expenditures on behalf of your candidacy.			NDIDATE, OR PROPONEN		IF ANY
icluded in this statement that are controlled by you or are primarily formed to receive ibutions or make expenditures on behalf of your candidacy.		OFFICE SOUGHT OR HELD		DISTRICT NO.	IF ANY
ITTEENAME ID NIMBER					
The state of the s			· · · · · · · · · · · · · · · · · · ·		
to Elect Marvin Peixoto for City Cl 2010 1304164	_				
OF TREASURER CONTROLLED COMMITTEE?	7.	 Primarily Formed Can officeholder(s) or candidate(s) 			
rea Peixoto 🛛 🖸 YES 🔲 NO					
IITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT
06 Halifax Place					OPPOSE
STATE ZIP CODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	Пекроост
ward CA 94542 510-538-2516					SUPPORT OPPOSE
ITTEE NAME I.D. NUMBER		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
OF TREASURER CONTROLLED COMMITTEE? YESNO		NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE	SOUGHT OR HELD	SUPPORT OPPOSE
ITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)					
STATE ZIP CODE AREA CODE/PHONE		i sa	ech continuation sheet	to if hangager	

Campaign Disclosure Statement Summary Page

Type or print in ink. Amounts may be rounded to whole dollars.

SUMMARYPAGE Statement covers period CALIFORNIA **FORM** January 1, 2010 March 17, 2010 I.D. NUMBER

from . through SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Marvin Peixoto for City Council 2010 1304164

				<u></u>	
Contributions Received	(F	Column A TOTALTHIS PERIOD FROMATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
1. Monetary Contributions Schedule A, Line 3	\$	6,693	\$	6,693	General Elections
2. Loans Received		5,000		5,000	1/1 through 6/30 7/1 to Date
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	11,693	\$	11,693	20. Contributions Received \$
4. Nonmonetary Contributions		0		0	21. Expenditures
5. TOTAL CONTRIBUTIONS RECEIVED	\$	11,693	\$	11,693	Made \$ \$
Expenditures Made					Expenditure Limit Summary for State
6. Payments Made Schedule E, Line 4	\$		\$	4,336	Candidates
7. Loans Made Schedule H, Line 3		0		0	22. Cumulative Expenditures Made*
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$		\$	4,336	(If Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3		5,315		5,315	Date of Election Total to Date
10. Nonmonetary Adjustment Schedule C, Line 3		0		0	(mm/dd/yy)
11. TOTAL EXPENDITURES MADE	\$	9,651	\$	9,651	\$
Current Cash Statement					\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$		То	calculate Column B, add	
13. Cash Receipts		11,693		ounts in Column A to the responding amounts	*Amount in their matters and the state of th
14. Miscellaneous Increases to Cash Schedule I, Line 4		0	froi	m Column B of your last	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments		4,336		ort. Some amounts in lumn A may be negative	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$	7,392		res that should be stracted from previous	
If this is a termination statement, Line 16 must be zero.			per	first report being filed	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	0	for	this calendar year, only ry over the amounts	
Cash Equivalents and Outstanding Debts			from	m Lines 2, 7, and 9 (if	
18. Cash Equivalents	\$			•	
19. Outstanding Debts	\$	10,315			FPPC Form 460 (January/C
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	10,010			FPPC Form 460 FPPC Toll-Free Helpline: 866/ASK-FPPC (1

Schedule Monetary	A Contributions Received	Amount:	or print in ink. s may be rounded whole dollars.	10111	y 1, 2010	F	SCHEDULE FORNIA 460 ORM
SEE INSTRUCTIO	ONS ON REVERSE			through March	17, 2010	Page	<u>+</u> of <u>8</u>
NAME OF FILER Committe	e to Elect Marvin Peixoto for City Council 2010					1.D. NU 13041	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (FCOMMITTEE, ALSO ENTER).D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR N (JAN. 1 - DEC	/EAR	PER ELECTION TO DATE (IF REQUIRED)
	See Attachment	☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC		·			
		IND COM OTH PTY SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTALS	<u> </u>			
	A Summary ceived this period – itemized monetary contributions.			5.050	IND.	tributor C	1

Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.)

 Amount received this period – unitemized monetary contributions of less than \$100\$

743

IND -- Individual
COM -- Recipient Committee
(other than PTY or SCC)
OTH -- Other (e.g., business entity)

PTY - Political Party
SCC - Small Contributor Committee

- Cham Contained on the Market

SCHEDULE A - MONETARY CONTRIBUTIONS RECEIVED

Statement Period: January 1, 2010 - March 17, 2010

Committee to Elect Marvin Peixoto for City Council 2010 ID# 1304164

\$ Rec'd Cum Election First Name | Last Name Address This Per. To Date To Date Code Date Occupation & Employer 2/16/10 Ostarello 26655 Durham Way, Hayward, CA 94542 Retired \$ 250 \$ 250 \$ 250 John ind 1366 Sangamore St., Hayward, CA 94545 2/18/10 \$ 300 \$ 300 John Retired \$ 300 Pagano ind 1015 Palisade St., Hayward, CA 94542 Owner-The Palace Poker Casino, LLC \$1,100 \$1,100 \$1,100 2/19/10 Katherine Bousson ind 2/20/10 Richard 22454 Linden St., Hayward, CA 94541 ind Retired \$ 250 \$ 250 Warren \$ 250 25895 Belhaven St., Hayward, CA 94545 \$ 100 \$ 100 2/20/10 Fernando Silva ind Retired 100 27928 Pueblo Serena, Hayward, CA 94545 2/22/10 Kathy Morris ind Retired \$ 100 \$ 100 100 3/1/10 Feiger 2738 Lancaster Rd., Hayward, CA 94542 \$ 100 \$ 100 Jerrold ind Self-Employed, Phase Nine Investments LLC 100 Steve Miller/ Stonebrae LP 23 Stonebrae Country Club, Hayward, CA 94542 Executive Director - Stonebrae LP \$1,000 3/3/10 oth \$1,000 \$1.000 2554 Lancaster Rd., Hayward, CA 94542 \$ 200 \$ 200 3/3/10 Charles Plummer ind Retired \$ 200 3/6/10 \$1,000 Peixoto PO Box 32, San Lorenzo, CA 94580 ind Retired \$1.000 Frank \$1,000 3/6/10 Attorney, Haley, Purchio & Smith \$ 500 \$ 500 30 La Ferrera Ter., San Francisco, CA 94133 Cvnthia Birmingham ind \$ - 500 \$ 150 3/8/10 Pratt 24 Woodside Glen Ct., Oakland, CA 94602 ind Prevention Program Dir., Horizon Services, Inc. \$ 150 \$ 150 Linda 3/9/10 30232 Brookside Ln, Hayward, CA 94544 Software Engineer, Interactive Data Corp. \$ 100 \$ 100 \$ 100 ΑI Mendali ind 3/9/10 Bill \$ 100 \$ 100 26420 Parkside Dr., Hayward, CA 94542 ind Retired \$ 100 Quirk 3/11/10 Rick Simons 22274 Main Street, Hayward, CA 94541 ind Laywer-Simons & Jaspovice \$ 500 \$ 500 \$ 500 \$ 100 \$ 100 3/16/10 Nadia 3351 Oakes Dr., Havward, CA 94542 ind \$ 100 Lockver Exec Dir.-Alameda Cty. Family Justice Ctr 24946 Halifax Place, Hayward, CA 94542 3/16/10 Sheila Selover ind Retired \$ 100 \$ 100 \$ 100 \$5,950

Page 5 of 8 Pages

Schedule B – Part 1 Loans Received		Type or print in ounts may be ro to whole dollar	ounded		March	ers period y 1, 2010	CALIFORN FORM	IA 460
SEE INSTRUCTIONS ON REVERSE NAME OF FILER					through		Page	OT
Committee to Elect Marvin Peixoto for C	ity Council 2010						1304164	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER LD. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAI OR FORGIVE THIS PERIO	EN. I CLOSE OF THIS	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Marvin Peixoto 26906 Halifax Place Hayward, CA 94542	Retired	30,700	0	FORGIVEN	30,700*	% RATE	_{\$} 31,500	CALENDAR YEAR \$ PER ELECTION*
TO IND COM COTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
Marvin Peixoto 26906 Halifax Place Hayward, CA 94542 TEV IND COM COTH PTY SCC	Retired	\$5,000	s5,000	FORGIVEN	5,000 S 5,000 DATE DUE	% RATE	\$ 5,000	S 5,000 PER ELECTION n/a
[†] □ IND □ COM □ OTH □ PTY □ SCC		\$	\$	PAID S FORGIVEN \$	\$DATE DUE	%	\$DATE INCURRED	CALENDAR YEAR \$ PER ELECTION:
		SUBTOTALS \$	5,000	\$	\$ 35,700	\$		
Schedule B Summary 1. Loans received this period				\$	5,000	(Enter (e) on Schedule E, Line 3)		
(Total Column (b) plus unitemized loan 2. Loans paid or forgiven this period (Total Column (c) plus loans under \$10 (Include loans paid by a third party tha 3. Net change this period. (Subtract Line Enter the net here and on the Summar	D paid or forgiven.) t are also itemized on Scheo	dule A.)		NET \$ _	5,000		OTH - Other (e.g., PTY - Political Party SCC - Small Contrib	ommittee PTY or SCC) business entity) y outor Committee
*Amounts forgiven or paid by another party also		* THIS	LOAN 15	OUTST	ANDING FRE	m THE	२००४ हास	थांठ्ये

** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

SCHEDULE

Schedule E Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statem	ent covers period	CALIFORNIA	460
from	January 1, 2010	FORM	400
through	March 17, 2010	Page	ıf <u>8</u>
 		I.D. NUMBER	

1304164

SEE INSTRUCTIONS	ON REVERSE
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campaign literature and mailings

NAME OF FILER

Committee to Elect Marvin Peixoto for City Council 2010

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries petition circulating CVC civic donations TEL t.v. or cable airtime and production costs PHO phone banks TRC candidate travel, lodging, and meals FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)*

LEG legal defense

POL polling and survey research

POS postage, delivery and messenger services

PRO professional services (legal, accounting)

PRT print ads

TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMO'	UNT PAID
PrintPro c/o Tramutola 191 Ridgeway Ave. Oakland, CA 94611	LIT			4,301
		•		
		· · ·		
Payments that are contributions or independent expenditures must	also be summarized on Schedule	D. S	SUBTOTAL \$	4,301

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL\$ 4,301

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	4,301
2. Unitemized payments made this period of under \$100	35
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	4,336

4 201

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

Type or print in ink.

Amounts may be rounded to whole dollars.

member communications

office expenses

phone banks

petition circulating

meetings and appearances

polling and survey research

PRO professional services (legal, accounting)

postage, delivery and messenger services

MTG

OFC

PET

PHO

POL

Statement covers period
from January 1, 2010

hrough March 17, 2010

Page 6

I.D. NUMBER

1304164

SEE INSTRUCTIONS ON REVERSE

CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)*

candidate filing/ballot fees

CNS campaign consultants

CVC civic donations

LEG legal defense

FND fundraising events

FIL

IND

NAME OF FILER

Committee to Elect Marvin Peixoto for City Council 2010

independent expenditure supporting/opposing others (explain)*

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

RAD radio airtime and production costs RFD returned contributions

SAL campaign workers' salaries

TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals

RS staff/spouse travel, lodging, and meals

SF transfer between committees of the same candidate/sponsor

VOT voter registration

LIT campaign literature and mailings	PRT print ads		WEB information technology costs (internet, e-mail)		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Heritage Advertising, Inc. 4100 Bob Wallace Ave. SW Huntsville, AL 35805	CMP	0	208	0	208
Affordable Buttons 3269 19st NW #6 Rochester, MN 55901	CMP	0	107	0	107
Tramutola 191 Ridegeway Ave. Oakland, CA 94611	CNS	0	5,000	0	5,000
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS	\$ 0	\$ 53,15	\$ 0 5	5,315

Schedule F Summary

1.	. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$ _	5,315
	Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$ _	0
3.	. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$ _	5,315 May be a negative number